

# RECORD OF REQUEST FOR PURCHASE OF POLITICAL TIME

## CANDIDATE/AUTHORIZED COMMITTEE FORM

FORM TO BE COMPLETED AT TIME OF ORDER AND PLACED IN POLITICAL/ PUBLIC INSPECTION FILE

1. **Date of Request:** 3/20/18
2. **Name of Agency making the Request:** SRCP Media
3. **Address of Agency making the Request:** 201 North Union Street, Suite 200  
Alexandria, VA 22314
4. **Name of Agency Contact making the Request:** Betsy Vonderheid
5. **Telephone Number of Agency Contact making the Request:** 703-683-9755
6. **Name of Candidate:** Mike DeWine
7. **Name of Candidate's Authorized Committee:** DeWine Husted for Ohio
8. **Name of Treasurer of Candidate's Committee:** Joel Riter
9. **Legally-Qualified Candidate for the Office of:** Governor  
**In the County of:** Ohio State
10. **Election:**  

PRIMARY ELECTION	<input checked="" type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
GENERAL ELECTION	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
CAUCUS	<input type="checkbox"/>	Democrat	<input type="checkbox"/>	Republican	<input type="checkbox"/>	Other	<input type="checkbox"/>
11. **Request to Purchase Time:** ☐ ACCEPTED BY SYSTEM ☐ REJECTED BY SYSTEM
12. **Reason for Rejection:**  
\_\_\_\_\_
13. **If request to purchase time is ACCEPTED attach a copy of (i) the Insertion Order/Agreement including schedule of time purchased, rates charged, class of time purchased, (ii) Invoice, and (iii) Affidavit of Performance indicating dates and times the advertisement aired.**

**Signed:** \_\_\_\_\_  
Signature of Individual Receiving Request

**Date:** \_\_\_\_\_